



Feb. 21 2007 4:26PM

EDWARDS ANGELL PALMER & DODGE

No. 4663 P. 3

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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23838 .7590 11/21/2006

KENYON & KENYON LLP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Deise Kacinski	(Depositor's name)
<i>Deise Kacinski</i>	(Signature)
February 21, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/503,852	02/15/2000	Jonathan L. Tilly	2653/28	5439

TITLE OF INVENTION: PROTECTION OF THE FEMALE REPRODUCTIVE SYSTEM FROM NATURAL AND ARTIFICIAL INSULTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	02/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARTLEY, MICHAEL G	1618	424-430000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Edwards Angell Palmer
& Dodge LLP
2
3 Amy M. Leahy

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The General Hospital Corporation

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
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5 Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Amy M. Leahy*

Date February 21, 2007

Typed or printed name Amy M. Leahy

Registration No. 47,739

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FAX TRANSMISSION****DATE:** February 21, 2007**PTO IDENTIFIER:** Application Number 09/503,852-Conf. #5439
Patent Number**Inventor:** Jonathan L. Tilly et al.**MESSAGE TO:** Office of Patent Publication MS ISSUE FEE**FAX NUMBER:** (571) 273-2885**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Amy M. Leahy

PHONE: (203) 975-7505**Attorney Dkt. #:** 64982(51588)**PAGES (Including Cover Sheet):** 6**CONTENTS:** Fee Transmittal (1 page)
Transmittal Letter (2 pages)
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Certificate of Transmission (1 page)

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2007 4:26PM

EDWARDS ANGELL PALMER & DODGE

No. 4663 P. 2

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Application No. (if known): 09/503,852

Attorney Docket No.: 64982(51588)

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on February 21, 2007
Date

Denise Kacinski

Signature

Denise Kacinski

Typed or printed name of person signing Certificate

Registration Number, if applicable

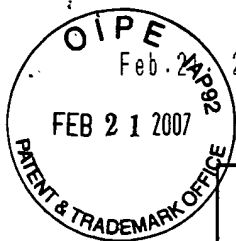
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No. 4663 P. 4

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Dated: February 21 2007

Signature:

Denise Kacinski
(Denise Kacinski)

Docket No.: 64982(51588)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of
Jonathan L. Tilly et al.

Application No.: 09/503,852

Confirmation No.: 5439

Filed: February 15, 2000

Art Unit: 1618

For: PROTECTION OF THE FEMALE
REPRODUCTIVE SYSTEM FROM
NATURAL AND ARTIFICIAL INSULTS

Examiner: Michael G. Hartley

TRANSMITTAL LETTER

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal (1 page) and
2. Certificate of Transmission (1 page).

Please charge our Deposit Account No. 04-1105 in the amount of \$1,000.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with

Application No.: 09/503,852

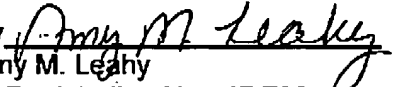
2

Docket No.: 64982(51588)

any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 64982(51588).

Dated: February 21, 2007

Respectfully submitted,

By 
Amy M. Leahy
Registration No.: 47,739
EDWARDS ANGELL PALMER & DODGE
LLP
P.O. Box 55874
Boston, Massachusetts 02205
(203) 975-7505
Attorneys/Agents For Applicant



Feb 21, 2007 4:27PM

EDWARDS ANGELL PALMER & DODGE

No.4663 P. 6

PTO/SB17 (07-06)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	09/503,852-Conf. #5439
		Filing Date	February 15, 2000
		First Named Inventor	Jonathan L. Tilly
		Examiner Name	Michael G. Hartley
		Art Unit	1618
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	64982(51588)
TOTAL AMOUNT OF PAYMENT	(\$) 1,000.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
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<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
	Deposit Account Name: Edwards Angell Palmer & Dodge LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description						Small Entity
						Fee (\$)
Each claim over 20 (including Reissues)						50
Each independent claim over 3 (including Reissues)						200
Multiple dependent claims						360
						180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- 20 =		x	=		Fee (\$)	
HP = highest number of total claims paid for, if greater than 20.					Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 =		x	=			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2501 Utility issue fee						700.00
1504 Publication fee for early, voluntary, or normal ...						300.00

SUBMITTED BY			
Signature	<i>Arny M. Leahy</i>	Registration No. (Attorney/Agent)	47,739
Name (Print/Type)	Arny M. Leahy	Telephone	(203) 975-7505
		Date	February 21, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-2885, on the date shown below.	
Dated: February 21, 2007	Signature: <i>Denise Kacinski</i> (Denise Kacinski)